



City of Wenatchee

## Employee Request for Reasonable Accommodation Form

To: \_\_\_\_\_  
(Department Head)

From: \_\_\_\_\_  
(Name of person requesting accommodation)

1. I am currently employed by the City and request a reasonable accommodation.

My current job title is: \_\_\_\_\_

2. My specific functional limitation is: \_\_\_\_\_

The accommodation I am requesting is described below. (Describe the type of accommodation; if it is a purchasable item list model, number, cost, where it can be obtained, etc.; suggestions for work site or examination site modifications or specific job duties which may be restructured or shared to facilitate employment; participate in the examination or utilize a City program, activity or service)

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3. Describe how this accommodation will assist you. (Please attach additional sheets as necessary)

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### Employee Certification

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_